U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

PEC.D.

11876

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLINS TIRES	
1. File Number U - 3302	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: 12-/ 51 / 64
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name WILLIAM S MARGIER	Name MOLINGLIN CALIF. CARPOLENS
	Labor Organization File Number 540-788
P.O. Box, Bldg., Room No., if any 3045 SUNEE	P.O. Box, Building and Room Number, if any 265
Street THOPPODENCE DR	Street HELOSBERGER DRIVE
City LIVERLINGUE	City OPYLLAND
State CALIFORNIA ZIP Code +4 94551 4	State CALIFORNIA ZIP Code + 4 GALEL -4
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

SOUND FIRST AGENT

. Name and address of Employer (include	ling trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Frade Name, if any:		
P.O. Box, Bidg., Room No., if any		
•		7.b. Amount.
Street		
City		···
,		e en
State	ZIP Code + 4	
	6:	<u></u>
	Sign	sature

Form LM-30 (2003)

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti- (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business wely seeking to represent, or frectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name CANCEDIALENS TRANSING TRUST Trade Name, if any: P.O. Box, Bidg., Room No., if any 265 SUITET DO Street HECO-BELCEN ROW City OPILLAND CHAP. State CALIFOLMIA ZIP Code+4 946214	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	PROVIDES TRAINING FOR OUR UNION MOMBERS.
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	REIMBURSMONT FOR A MEAL AT A EDUCATIONAL SEMINAR
	12.b. Amount. \$31.00
	12.b. Amount. 35 31.06
C. Baselined from any applicant (other than an employer on good unit	ur nade A and D about

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.